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NOTICE OF APPEAL FROM THE PRIMARY EXAMINER
TO THE BOARD OF APPEALS

Application No. : 09/822,716 Confirmation No.: 7248
Applicant : David A. Edwards and Jeffrey S. Hrkach
Filed : March 30, 2001
TC/A.U. : 1616
Examiner : Mina Haghighatian

Docket No. :2685.1003-008
Customer No. :000038421

For: **PARTICLES FOR INHALATION HAVING SUSTAINED
RELEASE PROPERTIES**

CERTIFICATE OF MAILING OR TRANSMISSION I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or is being facsimile transmitted to the United States Patent and Trademark Office on:	
<i>Judy Breen</i>	<i>Nov. 23, 2004</i>
Signature	Date
Judy Breen	
Typed or printed name of person signing certificate	

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant hereby appeals to the Board of Appeals from the decision dated August 23, 2004 of the Primary Examiner finally rejecting claims 1-8, 10, 13-52. The item(s) checked below are appropriate:

1. ☐ Applicant hereby petitions to extend the time for filing a Notice of Appeal in response to the Office Action Made Final dated [] for [] month(s) from [] to [].
2. ☐ A [] month extension of time to respond to the Office Action Made Final dated [] was filed on [] with payment of a \$[] fee.
☐ Applicant hereby petitions for an additional [] month extension of time to respond to the Office Action Made Final.
3. ☐ A Request for Oral Hearing before the Board of Patent Appeals and Interferences is being filed concurrently herewith.

4. Fees are submitted for the following:			
<input type="checkbox"/>	Extension of Time for [] month(s)	\$	
<input type="checkbox"/>	Additional Extension of Time:		
	no.)	\$	
		\$	
	Balance of fee due	\$	0
<input checked="" type="checkbox"/>	Notice of Appeal	\$	340.00
<input type="checkbox"/>	Other	\$	
	TOTAL		\$ 340.00

5. The method of payment for the total fees is as follows:

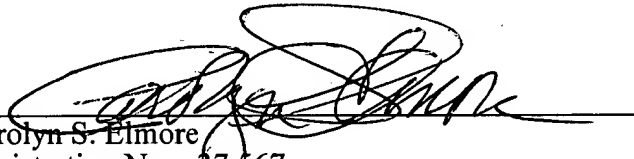
☒ A check in the amount of \$340.00 is enclosed.

☐ Please charge Deposit Account No. in the amount of \$[].

Please charge any deficiency or credit any overpayment in the fees that may be due in this matter to Deposit Account No.502807. A copy of this document is enclosed for accounting purposes.

Respectfully submitted,

ELMORE CRAIG, P.C.

By 
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Date: November 23, 2004